

Appendix 1

National Tuberculosis Objectives And Wisconsin Performance

The U.S. Centers for Disease Control and Prevention has established several national objectives by which to evaluate state tuberculosis programs. The national objectives were incorporated into the goals and objectives of the plan and state and local objectives were added. The core national objectives for the three priority activities are listed below with Wisconsin performance included as reference. As treatment for tuberculosis continues for an extended period, data for the most recent year with complete data is included.

Priority 1: diagnosing all TB cases and ensuring that patients complete appropriate therapy

National Objective: At least 90% of patients with newly diagnosed TB, for whom therapy for one year or less is indicated, will complete therapy within 12 months.

Wisconsin Performance: 83% of patients with newly diagnosed TB in 1998, for whom therapy for one year or less was indicated, completed therapy within 12 months. (However 96% of all patients completed therapy at some point.)

National Objective: For at least 80% of initial diagnostic specimens received by the public health laboratory for TB diagnosis, the following laboratory turnaround times will be met:

- (a) reporting of smear-positive or smear-negative results of acid-fast examination of specimens within 24 hours of specimen receipt;

Wisconsin Performance: For smear results reported in 1999, 87% were reported with 24 hours of specimen receipt.

- (b) for culture-positive specimens, reporting of *M. tuberculosis* complex or not *M. tuberculosis* complex within 14-21 days from specimen receipt;

Wisconsin Performance: For culture results reported in 1999, 53% were reported as *M. tuberculosis* complex or not *M. tuberculosis* complex within 14-21 days from specimen receipt

- (c) and reporting of drug susceptibility tests for first-line drugs within 15 to 35 days from specimen receipt.

Wisconsin Performance: For *M. tuberculosis* culture positive specimens

during 1999, 86% had drug susceptibility tests for first-line drugs within 15 to 35 days from specimen receipt.

National Objective: For at least 80% of isolates of mycobacteria referred to the public health laboratory for additional TB diagnostic testing, the following laboratory turnaround times will be met:

(a) reporting of isolates as *M. tuberculosis* complex or not *M. tuberculosis* complex within 7 days of isolate receipt,

Wisconsin Performance: For results reported during 1999, 91% were reported within 7 days of isolate receipt.

(b) and reporting of first-line drug susceptibility tests within 10 to 14 days from isolate receipt.

Wisconsin Performance: For results reported during 1999, 62% were reported within 10 to 14 days from isolate receipt.

Priority 2: enhancing the effectiveness of contact investigation activities and ensuring the prompt identification and completion of treatment of contacts with latent TB infection

National Objective: Contacts will be identified for at least 90% of newly reported sputum AFB-smear positive TB cases.

Wisconsin Performance: Contacts were identified for 100% of newly reported sputum AFB-smear positive TB cases in 1999.

National Objective: At least 95% of contacts to sputum AFB-smear positive TB cases will be evaluated for infection and disease.

Wisconsin Performance: 96% of identified contacts to sputum AFB-smear positive TB cases were evaluated for infection and disease in 1999.

National Objective: At least 85% of infected contacts started on treatment for latent TB infection will complete therapy.

Wisconsin Performance: 82% of contacts with newly identified TB infection started on treatment for latent TB infection completed therapy in 1998.

Priority 3: expanding the testing and treatment of latent TB infection to persons in other high-risk populations

National Objective: At least 75% of persons with latent TB infection found through targeted skin testing activities (supported with program resources) and started on treatment for latent TB infection will complete therapy.

Wisconsin Performance: The Wisconsin TB Program has not received nor contributed funds for targeted skin testing activities. However, 65% of persons identified by local health departments and private providers with latent TB infection (non-contacts) and started on state-funded medication during 1998, completed therapy.